GYNÆCOLOGICAL.

I. Case of Inversion and Prolapsus of Female Bladder through the Urethra. By DR. ARDALION V. PERSHIN (Kazan Russia). A lively, strong and healthy girl, æt. 8. while engaged in carrying a heavy burden in each hand, suddenly felt an agonizing pain about her pelvis and ostium vaginæ, which was followed by frequent vesical tenesmus, with an incessant flow of blood-stained urine, drop by drop. She passed a sleepless night and the next morning was brought to Professor N. N. Fenomenoff's clinic where there was found a plum-sized and plum-shaped, intensely red, velvety, elastic and very tender tumor, with numerous longitudinal and transverse rugæ, protruding from the urethra which was filled up with a pedicle of the same description. A probe introduced into the urethra side by side with the pedicle could penetrate only to the depth of $1^1/_2$ cm. Its introduction was followed by a jerking flow of bloody urine. The child complained of incessant desire to pass water, which she could not satisfy, the urine escaping only by drops. With great trouble, the tumor was reduced by fingers through the urethra which proved to be considerably dilated and congested. A small cotton-wool plug was inserted between her labia and an icebag placed over the bladder. Pain markedly subsided. On the 3d day after the accident, however, diarrhœa supervened, and, during straining, the tumor as painful as before reappeared, this time being larger than before. On the 4th day it was again reduced, and catheterization every three hours was resorted to, in addition to the measures previously adopted. The catheter (Nelaton's, No. 18) could pass not more deeply than 2.5 cm., and each time removed not more than a spoonful of bloody urine. About the 6th day, the girl's urine became normal, though remaining still very scanty; pain disappeared, while the appetite greatly improved. On the 9th day, diarrhæa with straining gave rise to the reappearance of the tumor, which, however, was far smaller than previously and could be reduced comparatively easily.

On the 11th day, she was discharged according to her parents' desire. About one and a half year later the girl came to Professor

Fenomenoff again to state that the tumor had never returned since her discharge, but ever since she had been suffering from excessively frequent micturition to which of late a profuse vaginal leucorrhœa had been added. On examination, "her external genitals were found to be normal, but the external orifice of the urethra was considerably dilated, while its lips (of a pale rose color) were everted along the whole periphery, so that at the site of the meatus there was present a kind of swelling, of the size of a small cherry, with a hole at the top." Analyzing this case, Dr. Pershin says that it was undoubtedly a typical instance of acute prolapsus of the vesical and urethral mucous membrane, which had become separated and descended under the influence of excessive muscular efforts involving an undue straining of the abdominal parietes. It could not be a prolapsus of the urethral *mucosa* alone, since, 1, the tumor had a too considerable size; 2, it was traversed not only by longitudinal, but also by intercrossing transverse rugæ; and 3, the urine was flowing incessantly and only by drops (could not be retained by the bladder). Reviewing the international literature on the subject, Dr. Pershin draws attention that all the cases which have been reported up to the present, under the name of "Inversion and Prolapsus of the Bladder" are in reality nothing else than a simple separation and prolapsus of the vesico-urethral mucous coat alone.

None of the authors, including Dr. Patron, of Gibraltar, bring forward any substantial proofs for supporting their assertions that the muscular and serous coats of the viscus have been inverted and prolapsed in their patients: hence Dr. Pershin proposes to change the usual name of the lesion in the sense indicated. The writer dwells on a striking rarity of affections of female bladder and urethra generally. Thus, amongst 16,097 women treated in several large hospitals in Vienna and Berlin during 1874, only 48 had vesical and urethral disease; of these 22 had vesico-vaginal fistula. According to Dr. Dobrynin's report on the work of the Nalydinsky lying-in hospital, not a single one amongst 10,960 parturients suffered from any vesical or urethral affection. Amongst 5,580 women treated as out-door patients at the Kazan gynæcological clinic between 1876 and 1888, only

22 had some diseases of the kind, 19 of them suffering from vesico-vaginal fistula. Prolapsus of the vesico-urethral *mucosa* occurs exceedingly rarely. Dr. Patron who met a case of the kind (in a girl of 14) in 1857, could collect only 8 similar cases in the preceding literature, of which 7 were referring to children, and only 1 concerned a woman of 52. Later on, Weinlechner reported the case of a baby of nine months [and Oliver that of a girl of 16 months, Beatty that of 2 years, and Thompson that of a woman, aged 40.—*Reporter*]. According to Dr Pershin, his case stands quite isolated as far as its etiology is concerned. Of all his predecessors' cases, only one was of an acute variety; it was de Haen's case of a woman who had fallen from a considerable height and contracted acute prolapsus of the rectum, vagina and bladder to die from peritonitis shortly afterwards. In the remaining cases recorded, the affection was said to have developed (mostly in weak, emaciated, ill subjects) but in a gradual or chronic way.—*Dnevnik Kazanskaho Obshtchestva Vratchēi*, (Kazan, Russia), No. 9, 1888.

II. Case of Fistulorrhaphy for Utero-Vesical Fistula. By Dr. Sophia V. Filimonova (St. Petersburg).—An undersized rachitic woman, æt. 35, complained of an incessant flow of urine from her vagina in sitting or recumbent posture, which symptoms had appeared immediately after her twelfth labor, seven months previously. The external os was found to be triangular, admitting a finger, its anterior lip everted and lacerated, the posterior one cicatricially shrunken and the cervical canal was dilated. On its anterior wall, about 1 cm. above the lower edge of the anterior lip, there was seen an oval opening, admitting a middle-sized male catheter, its edges being firm and cicatricially contracted. The catheter introduced into the opening passed into the bladder, in an oblique direction, upward and rightward. Fistulorrhaphy was performed as follows: Having placed the woman in the knee-and-elbow posture, Professor Sebedeff introduced into the vagina a Neugebauer's speculum, dragged the cervix (by means of two bullet forceps) downward, close to the introitus, inserted a probe into the fistula, split up the cervix along its right side,